

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/589,931

FILING DATE

8-18-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8			e			
9						
10						
11						
12						
13						
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17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32			e			
33			1			
34				1		
35				1		
36				1		
37				1		
38				1		
39			e			
40						
41						
42						
43						
44						
45						
46						
47						
48			e			
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52			e			
53						
54			e			
55			1			
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62			e			
63						
64						
65			e			
66				1		
67				1		
68				1		
69				1		
70				1		
71			e			
72			e			
73						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			27			